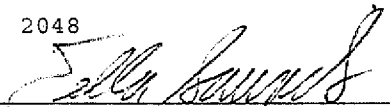


Department of Public Health
Weekly Time Log Worksheet

Agency: DPH
Pay Org: 0294

Download Date: 2/8/2012 1:43:22 PM
WeekEnd Date: 2/11/2012
Pay Period End Date: 2/11/2012
Accrual Calc Date: 1/28/2012

Mail Drop ID's: 2048

SIGNATURE:  DATE: 2/9/12

SIGNATURE: _____ DATE: _____

EmplID Position# Jobcode BU Std Hrs	Sunday (2/5)	Monday (2/6)	Tuesday (2/7)	Wednesday (2/8)	Thursday (2/9)	Friday (2/10)	Saturday (2/11)	Leave Balances
This Timelog Report was downloaded from HRConnectsUs and represents data from HR/CMS Information Warehouse (CIW). In the case that information on this report conflicts with information in the CIW, the information contained in CIW will be considered the official record.								

EmplID Position# Jobcode BU Std Hrs	Sunday (2/5)	Monday (2/6)	Tuesday (2/7)	Wednesday (2/8)	Thursday (2/9)	Friday (2/10)	Saturday (2/11)	Leave Balances
Division: 2048								
296644 - 0 00059214 (2048) E20Y13 09 Corbett 37.50 Kate REG SDF: Shift 1	0	7.5	7.5	7.5	7.5	7.5	0	PER 22.500 COM 0.000 PLC _____ VAC 100.255 SIC 48.125
241373 - 0 00028808 (2048) E20Y13 09 Frasca 37.50 Daniela REG SDF: Shift 1	0	7.5	7.5 OTS 2.5 OTP 1.5	7.5 OTP 4.0	7.5	7.5 OTP 2.0	0	PER 22.500 COM 29.500 PLC _____ VAC 166.250 SIC 425.000
314719 - 0 00048601 (2048) E20Y13 09 Glazer 37.50 Lisa REG SDF: Shift 1	0	7.5	7.5	7.5 SIC 7.5	7.5	7.5	0	PER 22.500 COM 0.000 PLC _____ VAC 42.625 SIC 39.885
120459 - 0 00020748 (2048) E22Y16 09 Lawler 37.50 Michael REG SDF: Shift 1	0	7.5	7.5 OTS 2.5 OTP 2.0	7.5 OTP 3.0	7.5 PER 5.0	7.5 CMT 7.5 OTP 2.5	0	PER 22.500 COM 7.500 PLC _____ VAC 110.276 SIC 95.873
311855 - 0 00033050 (2048) E18Y19 09 Lleshi 37.50 Hevis REG SDF:	0	7.5	7.5 OTS 2.5 OTP 1.75	7.5 CMT 2.5	7.5 PER 7.5	7.5	0 OTP 2.5	PER 15.000 COM 8.750 PLC _____ VAC 41.500 SIC 52.750
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EmplID Position# Jobcode BU Std Hrs	Sunday (2/5)	Monday (2/6)	Tuesday (2/7)	Wednesday (2/8)	Thursday (2/9)	Friday (2/10)	Saturday (2/11)	Leave Balances
285766 - 0 00045979 (2048) E20Y13 09 Medina 37.50 Nicole REG SDF: Shift 1	0	7.5 <i>SIC</i> <i>7.5</i>	7.5	7.5	7.5	7.5	0	PER 22.500 COM 0.000 PLC VAC 93.245 SIC 26.625
118097 - 0 00047658 (2048) E24Y06 09 O'Brien 37.50 Elisabeth REG SDF: Shift 1	0	9	6.5	9	6.5	6.5	0	PER 22.500 COM 1.000 PLC VAC 246.879 SIC 397.561
139184 - 0 00039541 (2048) E07R02 06 Phillips 37.50 Gloria REG SDF: Shift 1	0	7.5 <i>CMT</i> <i>3.5</i>	7.5 <i>CMT</i> <i>7.5</i>	7.5 <i>CMT</i> <i>7.5</i>	7.5 <i>CMT</i> <i>7.5</i>	7.5 <i>CMT</i> <i>7.5</i>	0	PER 0.000 COM 0.000 PLC VAC 16.875 SIC 0.005
138624 - 0 00038977 (2048) E24Y06 09 Piro 37.50 Peter REG SDF: Shift 1	0	7.5 <i>OTS 2.5</i> <i>OTP 3.25</i>	7.5 <i>OTP</i> <i>4.05</i>	7.5 <i>OTP</i> <i>4.0</i>	7.5 <i>OTP</i> <i>3.5</i>	7.5	0	PER 22.500 COM 0.000 PLC VAC 174.875 SIC 643.625
297673 - 0 00004965 (2048) E20Y13 09 Renczkowski 37.50 Daniel REG SDF: Shift 1	0	7.5 <i>OTS 2.5</i> <i>OTP 0.5</i>	7.5 <i>CMT</i> <i>1.0</i>	7.5 <i>PER</i> <i>7.5</i>	7.5	7.5 <i>OTP</i> <i>3.0</i>	0 <i>OTP</i> <i>7.5</i>	PER 15.000 COM 0.750 PLC VAC 39.125 SIC 63.255

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EmplID Position# Jobcode BU Std Hrs	Sunday (2/5)	Monday (2/6)	Tuesday (2/7)	Wednesday (2/8)	Thursday (2/9)	Friday (2/10)	Saturday (2/11)	Leave Balances
128891 - 0 00029212 (2048) E09R01 06 Sprague 37.50 Shirley REG SDF: Shift 1	0	7.5 VAC 2.0	7.5	7.5	7.5	7.5	0	PER 37.500 COM 0.000 PLC VAC 223.875 SIC 842.120
106754 - 0 00006997 (2048) E20Y13 09 Tran 18.75 Mai REG SDF: Shift 1	0	6	0	6 SIC 1.0	6.75	0	0	PER 3.500 COM 0.250 PLC VAC 146.228 SIC 21.189
220854 - 0 00010739 (2048) E07R02 06 Zanolli 37.50 Janice REG SDF: Shift 1	0	7.5	7.5	7.5	7.5	7.5	0	PER 31.000 COM 0.000 PLC VAC 97.924 SIC 92.537
This Timelog Report was downloaded from HRCbnnectsUs and represents data from HR/CMS Information Warehouse (CIW). In the case that information on this report conflicts with information in the CIW, the information contained in CIW will be considered the official record.								

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: February 6 - February 11, 2012

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: ☒ paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100 9749

Approval:

Supervisor: _____ Date: _____

Department Head: Cutie Wam Date: 2/8/12

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Lanida Frasca	241373	10 hrs			
Michael Lawke	120459	10 hrs			
Hevis Lleshi	311855	11.75 hrs			
Pete Piro	138634	17.5 hrs			
Daniel Renczkowski	297673	13.5 hrs			

Director's Signa. :

Pella Savaris

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: February 11, 2012

Employee Name:		Sunday 02/05/12	Monday 02/06/12	Tuesday 02/07/12	Wednesday 02/08/12	Thursday 02/09/12	Friday 02/10/12	Saturday 02/11/12
Corbett, Kate 45151000 <i>Kate Corbett</i> Employee Signature	Day: In - Out		8:00 4:00	7:40 3:40	7:50 1:50	8:00 4:00	7:55 1:50	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To					Roxbury District 8:45 10:45		
Document exceptions or comments, indicate type and amount.							1.75 hrs. VACAT	
Frasca, Daniela 45161000 <i>Daniela Frasca</i> Employee Signature	Day: In - Out		10:30 6:30	6:45 6:45	6:45 6:45	6:45 4:45	6:45 2:45	
	Lunch: Out - In		12:00 1:30	11:00 1:30	11:00 1:30	12:45 1:15	12:30 1:00	
	Outside Duty: From - To					6:30 12:10		
Document exceptions or comments, indicate type and amount.				4.0 OT	4.0 OT	BMC 2.0 OT		
Glazer, Lisa 45161000 <i>Lisa Glazer</i> Employee Signature	Day: In - Out		7:15 3:15	7:10 3:20		6:45 2:45	7:15 3:15	
	Lunch: Out - In		12:00 12:30	12:00 12:30		12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.					SIF 7.5			
Lawler, Michael 45161000 <i>Michael Lawler</i> Employee Signature	Day: In - Out		8:55 8:30	8:15 7:15	7:50 10:20	8:40 4:40		
	Lunch: Out - In		1:00 1:30	1:00 1:30		12:55 1:25		
	Outside Duty: From - To					Brockton 10:20 12:55		
Document exceptions or comments, indicate type and amount.			4.5 OT	3.0 OT	5.0 PER		COM 7.5	

Director's Signature: Pella Gaurd

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: February 11, 2012

Employee Name:		Sunday 02/05/12	Monday 02/06/12	Tuesday 02/07/12	Wednesday 02/08/12	Thursday 02/09/12	Friday 02/10/12	Saturday 02/11/12
Lleshi, Hevis	Day: In - Out		6:50 2:50	6:45 7:00	6:45 11:45		6:45 5:00	8:15 2:45
81009749	Lunch: Out - In		1:00 1:30	12:30 1:00			12:00 12:30	11:30 12:00
Employee Signature	Outside Duty: From - To			4.25 OT	2.5 hr			
Document exceptions or comments, indicate type and amount.				↓	2.5 hrs comp.	PER 7.5 ✓	2.25 hrs OT	6 hrs OT
Medina, Nicole	Day: In - Out			7:55 3:55	7:30 3:30	7:40 3:40	7:40 3:40	
45161000	Lunch: Out - In			12 12:30	12 12:30	12 12:30	12 12:30	
Employee Signature	Outside Duty: From - To					10:20 12:20 Brockton		
Document exceptions or comments, indicate type and amount.			SIF 7.5 ✓					
O'Brien, Elisabeth	Day: In - Out		7:25 5:00	7:30 2:30	7:25 4:55	7:25 2:25		
45161000	Lunch: Out - In		11:45 12:15	12:00 12:30	1 1:30	11:35 12:05		
Employee Signature	Outside Duty: From - To				7:45 12:50 Middlesex Superior Woburn			
Document exceptions or comments, indicate type and amount.						VAC 6.5		
Philips, Gloria	Day: In - Out		9:00 1:00					
45161000	Lunch: Out - In							
Employee Signature	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			CMT 3.5 ✓	CMT 2.5 ✓	CMT 2.5 ✓	CMT 2.5 ✓	CMT 2.5 ✓	

Director's Signa

Peter Piro

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: February 11, 2012

Employee Name:		Sunday 02/05/12	Monday 02/06/12	Tuesday 02/07/12	Wednesday 02/08/12	Thursday 02/09/12	Friday 02/10/12	Saturday 02/11/12
Piro, Peter 45161000 <i>Peter Piro</i> Employee Signature	Day: In - Out		6:45 8:30	6:45 1:00	6:45 6:45	7:00 6:30	6:45 2:45	X
	Lunch: Out - In		12 12:30	12 12:30	12 12:30	12 12:30	12 12:30	
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount.		OT 5.75 ✓	OT 4.25 ✓	OT 4.0 ✓	OT 3.5 hr ✓		
Renczkowski, Daniel 45161000 <i>Daniel Renczkowski</i> Employee Signature	Day: In - Out		6:45 5:45	6:45 1:45	/	6:45 2:45	6:45 5:45	6:45 2:45
	Lunch: Out - In		12:00 12:30	12:00 12:30		11:45 12:15	12 12:30	11:30 12:00
	Outside Duty: From - To					Roxbury District 8:45 10:45 W Roxbury Dist 12:30 1:15		
	Document exceptions or comments, indicate type and amount.		OT 3.0 hr ✓	CMT 1.0 hr ✓		7.5 hr PER ✓	OT 3.0 hr ✓	OT 7.5 hr ✓
Sprague, Shirley 45161000 <i>Shirley Sprague</i> Employee Signature	Day: In - Out		11:00 4:30	9:05 5:10	8:50 4:00	9:15 5:15	8:35 4:35	
	Lunch: Out - In			1:00 1:30	1:00 1:30	1:00 1:30	1:00 1:30	
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount.		Vac 2 hr ✓					
Tran, Mai 45161000 <i>Mai Tran</i> Employee Signature	Day: In - Out		8:15 2:15		7:30 12:30	7:15 2:30		
	Lunch: Out - In					11:30 12		
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount.				1 hr sick Dr. Appt ✓			

Director's Signa

Pella Savard

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: February 11, 2012

Employee Name:		Sunday 02/05/12	Monday 02/06/12	Tuesday 02/07/12	Wednesday 02/08/12	Thursday 02/09/12	Friday 02/10/12	Saturday 02/11/12
Zanolli, Janice 45161000 <i>[Signature]</i> Employee Signature	Day: In - Out		8-4	1015 4-	8-4	8-4	8-10	
	Lunch: Out - In		1-130	1-130	1-130	1-130		
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.				SIC 2.25			PERS 5.5	
Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								
Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								
Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								

Director's Sign: _____

Time Log/Program / Area: 2046- Fiscal Services

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: February 11, 2012

Employee Name:		Sunday 02/05/12	Monday 02/06/12	Tuesday 02/07/12	Wednesday 02/08/12	Thursday 02/09/12	Friday 02/10/12	Saturday 02/11/12
Salemi, Charles 45161000	Day: In - Out		7:45 6:10	9:45 6:05	9:45 5:50	9:40 5:45	9:30 5:45	
	Lunch: Out - In		12:05 1:00	12:10 1:00	12:05 12:35	12:05 12:40	12:05 12:40	
	Outside Duty: From - To							
Employee Signature <i>C. Salemi</i>								
Document exceptions or comments, indicate type and amount.								
Saunders, Della 45161000	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45
	Lunch: Out - In		1:30 2:00	1:30 2:00	1:30 2:00	1:30 2:00	1:30 2:00	1:30 2:00
	Outside Duty: From - To				7:45 12:50			
Employee Signature <i>Della Saunders</i>					Middlesex Superior Court			
Document exceptions or comments, indicate type and amount.								OTS 2.5 OTP 5.0
	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.								
	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.								



William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Della Saunders Employee #: 147387

Department: Drug Laboratory

Date(s) of overtime work: February 11, 2012

of hours requested: 7.5

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: paid at OT rate ☒ added to comp time balance ☐
(If OT rate, complete below)

OT Account: 8100 9749

Approval:

Supervisor: _____ Date: _____

Department Head: *(Signature)* Date: 2/8/12

Denial reason: _____

Good Morning Fei,

Here are the time changes for last week,

Employee	ID #	Date	Change From	Change To
Kate Corbett	296644	2/10/12	REG 7.5	VAC 1.75
Michael Lawler	120459	2/9/12 2/10/12	CMT 7.5 OTP 2.5	REG 7.5 CIH 7.5
Hevis Lleshi	311855	2/10/12 2/11/12	REG 7.5 OTP 7.5	OTP 2.25 OTP 6.0
Elisabeth O'Brien	118097	2/10/12	REG 6.5	VAC 6.5
Janice Zanolli	220854	2/7/12 2/10/12	REG 7.5 REG 7.5	SIC 2.25 PER 5.5

Thanks,
Della

Della Saunders
Chemist III
Drug Analysis Laboratory Room 363
William A. Hinton State Laboratory Institute
305 South Street
Jamaica Plain, MA. 02130
617-983-6632 phone
617-983-6625 fax